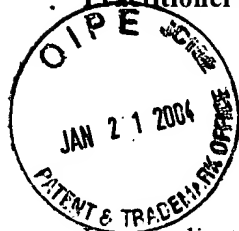


2154/\$

PATENT

Practitioner's Docket No.: INT-002



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Thomas R. Doty, Jr.

Serial No.: 09/635,562

Group No.: 2154

Filed: August 10, 2000

Examiner: El Hady, Nabil M.

For: "System, Device And Method For Combining Streaming Video With E-Mail"

Mail Stop ~~Non-Fee~~ Amendment

Commissioner for Patents

P. O. Box 1450

Alexandria, Virginia 22313-1450

RECEIVED

JAN 26 2004

Technology Center 2100

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. §1.8(a))

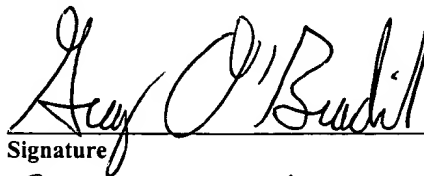
I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service.  
with sufficient postage as first class mail, in an  
envelope addressed to the Commissioner for Patents  
P.O. Box 1450, Alexandria, Virginia 22313-1450.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.



Signature

Greg O'Bradovich  
(type or print name of person certifying)

Date: January 15, 2004

A

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee for Small Entity: \$55.00

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	16	Minus	20	= 0	x \$9 =	\$0
Indep.	2	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
Total					Addit. Fee	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".


The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

A

**FEE PAYMENT**

5. Attached is a check in the sum of \$55.00, check no. 5948.

  
\_\_\_\_\_  
**SIGNATURE OF PRACTITIONER**

Reg. No. 42,945

Greg O'Bradovich

Tel. No.: (770) 995-8877

HINKLE & O'BRADOVICH, LLC

Customer No.: 021590

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